

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049689

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED JAN 6 1964

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo.		b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b Life		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis City Hosp. #1		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6324 Windham	
3. NAME OF DECEASED (Type or print) First Middle Last CARRIE V. LONGINETTE		4. DATE OF DEATH Month Day Year December 8, 1963			
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/12/1897	9. AGE (last birthday) 66	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chocolate Dipper
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chocolate Dipper		10b. KIND OF BUSINESS OR INDUSTRY United Drug Co.		11. BIRTHPLACE (City and state or country) St. Louis, Mo.	
13a. FATHER'S NAME Edward H. Smith		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Edward Longinette	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. *		17. INFORMANT Mrs. Virginia Schwartz Geyer	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Multiple fractured ribs; Hemorrhage, bilaterally with Atelectasis, suffered when car operated by Edward Longinette in which deceased was riding, crashed with car operated by one Kent Gage, in front of about 2005. Grand Boulevard 4:00 PM, on December 8, 1963. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Accident		INTERVAL BETWEEN ONSET AND DEATH		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) See above			
20c. TIME OF INJURY 4:00 p.m.	Hour Month, Day, Year 12-8-63				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street	20f. CITY, TOWN, OR LOCATION St. Louis, Mo		COUNTY STATE	
21. I attended the deceased from 8:55 P. to and last saw her alive on on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Deputy Registrar		22b. ADDRESS 1300 Clark ave		22c. DATE SIGNED 12-12-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12/13/1963	23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery		23d. LOCATION (City, town, or county) St. Louis Co. Mo.	
24. FUNERAL DIRECTOR Alexander & Sons		25. DATE RECD. BY LOCAL REG. DEC 12 1963		26. REGISTRAR'S SIGNATURE Road Smith. M.D.	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF  
MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Vernon C. Vedder*

Licensed Embalmer No.

*5031*

P. O. Address

*St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.